

MENTALLY ILL OFFENDER CRIME REDUCTION GRANT (MIOCRG) PROGRAM

Program Evaluation Survey, July 2001

This survey will become part of your county's MIOCRG contract with the Board of Corrections.

1. Key Research Contacts:

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2. Program Name:

Grant recipients have found it useful to pick a name that helps them to create a Program identity. Two examples are the IMPACT (Immediate Mental Health Processing, Assessment, Coordination and Treatment) project and the Connections Program. Indicate the name you will use to refer to your program.

Response:

Mental Health Court Project

3. Research Design:

a. Check (✓) the statement below that best describes your research design. If you find that you need to check more than one statement (e.g., true experimental and quasi-experimental), you are using more than one research design and you will need to complete a separate copy of the survey for each design. Also, check the statements that describe the comparisons you will make as part of your research design.

Research Design (Check One)	
<input type="checkbox"/>	True experimental with random assignment to enhanced treatment and treatment-as-usual groups
<input type="checkbox"/>	Quasi-experimental with matched contemporaneous enhanced treatment and treatment-as-usual groups
<input type="checkbox"/>	Quasi-experimental with matched historical group
<input type="checkbox"/>	Quasi-experimental interrupted time series design
<input type="checkbox"/>	Quasi-experimental regression-discontinuity design
<input type="checkbox"/>	Quasi-experimental cohort design
<input checked="" type="checkbox"/>	Other: True experimental with systematic assignment (2:1 ratio) to enhanced treatment & treatment-as-usual groups
Comparisons (Check all that apply)	
<input type="checkbox"/>	Post-Program, single comparison between enhanced treatment and treatment-as-usual groups
<input type="checkbox"/>	Post-Program, repeated comparisons (e.g., 6 and 12 months after program separation) between and within enhanced treatment and treatment-as-usual groups
<input type="checkbox"/>	Pre-Post assessment with single post-program comparison between enhanced treatment and treatment-as-usual groups
<input type="checkbox"/>	Pre-Post assessment with repeated post-program comparisons (e.g., 6 and 12 months after program separation) between and within enhanced treatment and treatment-as-usual groups
<input checked="" type="checkbox"/>	Pre-Post assessment with repeated pre and post program comparisons between and within enhanced treatment and treatment-as-usual groups
<input type="checkbox"/>	Other (Specify)

b. If you are using a historical comparison group, describe how you will control for period and cohort effects.

Response:

Not Applicable

4. Target Population:

Please identify the population to which you plan to generalize the results of your research. Describe the criteria individuals must meet to participate in the enhanced treatment and treatment-as-usual groups (e.g., diagnosis, criminal history, residency, etc.). Also, please describe any standardized instruments or procedures that will be used to determine eligibility for program participation and the eligibility criteria associated with each instrument.

Response:

The target population for the Mental Health Court Project will be comprised of non-violent adult offenders, aged 18 years and older, facing misdemeanor or felony charges in the San Joaquin County criminal justice system. Eligible participants must meet the following eligibility criteria: **1)** Axis I diagnosis; **2)** severe mental health problems preventing identified individuals from fully functioning; and **3)** high risk for recidivism due to mental health conditions. Additional criteria which may be used to determine eligibility are: **1)** DSM IV Psychological Assessment and **2)** individual's offense history (offense types and frequency).

Based on the original proposal, all inmates booked into custody will receive a medical and mental health status screening by the existing staff within 24 hours of arrest. An integrated screening approach is currently used to review relevant criminal justice information, and to determine the presence of co-occurring mental health and substance abuse disorders. If no mental health issues are immediately identified, inmates will be screened again in two weeks. If mental illness or psychiatric symptoms are detected, inmates will be referred to the Correctional Health Care's Forensic Mental Health Unit for a more comprehensive mental health assessment. At this time, the eligibility criteria and assessment process are in the process of being finalized by the Project Implementation Committee.

5. Enhanced Treatment Group:

- a. Indicate the process by which research subjects will be selected into the pool **from which** participants in the enhanced treatment group will be chosen. For example, this process might include referrals by a judge or district attorney, or selection based on the administration of a mental health assessment instrument.

Response:

Based on the original proposal, all inmates booked into custody will receive a medical and mental health status screening by staff within 24 hours of arrest. An integrated screening approach is utilized by the current criminal justice system to examine relevant criminal justice information and to determine the presence of co-occurring mental health and substance use disorders. Screening will be delayed until inmates have attained sobriety. If no mental health issues are identified at the initial screening, inmates will be re-screened after a week in the jail.

When mental illness or psychiatric symptoms are detected, inmates will be referred to Correctional Health Care's specially trained Forensic Mental Health unit for a more comprehensive mental health assessment. Psychiatric technicians will be available 24 hours a day, 7 days a week to conduct this assessment. The results of extensive assessment will be utilized to develop recommendations about the type and intensity of specialized treatment services that will be provided.

When the assessment indicates that a detainee might be a potential candidate for the Mental Health Court Project, the defendant will be informed about the project. If the defendant provides consent to participate in the project, the assessment and consent information will be forwarded to the Mental Health Court staff for review. Each morning, the Forensic Mental Health Coordinator will be responsible for contacting the District Attorney to share pertinent information regarding those detainees who are eligible for the Mental Health Court Project. The District Attorney will refer potential candidates to the Court on that same day or the following day, depending on time of arrest. The Mental Health Court Judge will see defendants referred from the in-custody screening process and other first referrals on specified days. Random assignment of eligible individuals will occur following this first hearing.

- b. Indicate exactly how the enhanced treatment group will be formed. For example, it may result from randomized selection from the pool described in 5a above. Or, if the group size is small, a matching process may be required to achieve equivalence between the enhanced treatment and treatment-as-usual groups. In the case of a quasi-experimental design, the group may be a naturally occurring group. Please describe the origins of this group in

detail, including an identification and description of matching variables, if used. If a quasi-experiment is planned, please describe the origins and nature of naturally occurring enhanced treatment groups.

Response:

The enhanced treatment group will be formed based on a true experimental design. All eligible individuals referred into the Mental Health Court Project will be randomly assigned with a ratio of two individuals assigned into the enhanced treatment condition to one individual into the comparison (treatment-as-usual) condition. This ratio of random assignment will increase the number of potential individuals selected for the intervention condition. It is anticipated that an approximate total of 300 individuals will be randomly assigned to the enhanced treatment condition over the three-year duration of the grant, with a approximate 60% retention rate projected resulting in a final total of approximately 180 individuals in the treatment condition.

6. Treatment-as-Usual (Comparison) Group:

- a. Indicate the process by which research subjects will be selected into the pool **from which** participants in the treatment-as-usual group will be chosen.

Response:

Based on the original proposal, all inmates booked into custody will receive a medical and mental health status screening by the existing nursing staff within 24 hours of arrest. An integrated screening approach is utilized by the current criminal justice system to examine relevant criminal justice information and to determine the presence of co-occurring mental health and substance use disorders. Screening will be delayed until inmates have attained sobriety. If no mental health issues are identified at the initial screening, inmates will be re-screened after a week in the jail.

When mental illness or psychiatric symptoms are detected, inmates will be referred to Correctional Health Care's specially trained Forensic Mental Health unit for a more comprehensive mental health assessment. Psychiatric technicians will be available 24 hours a day, 7 days a week to conduct this assessment. The results of extensive assessment will be utilized to develop recommendations about the type and intensity of specialized treatment services that will be provided.

When the assessment indicates that a detainee might be a potential candidate for the Mental Health Court Project, the defendant will be informed about the project. If the defendant provides consent to participate in the project, the assessment and consent information will be forwarded to the Mental Health Court staff for review. Each morning, the Forensic Mental Health Coordinator will be responsible for contacting the District Attorney to share pertinent information regarding those detainees who are eligible for the Mental Health Court Project. The District Attorney will refer potential candidates to the Court on that same day or the following day, depending on time of arrest. The Mental Health Court Judge will see defendants referred from the in-custody screening process and other first referrals on specified days. Random assignment of eligible individuals will occur following this first hearing.

- b. Indicate exactly how the treatment-as-usual group will be formed. For example, if a true experiment is planned, the treatment-as-usual group may result from randomized selection from the subject pool described in 5a above. Or, if the group size is small, a matching process may be required in an attempt to achieve treatment-control group equivalence. If a quasi-experimental design is planned, the group may be a naturally occurring group. Please describe the treatment-as-usual group in detail, including an identification and description of matching variables, if used. If a quasi-experiment is planned, please describe the origins and nature of naturally occurring comparison groups.

Response:

The treatment-as-usual group will be formed based on a true experimental design. All eligible individuals referred into the Mental Health Court Project will be randomly assigned with a ratio of two individuals assigned into the enhanced treatment condition to one individual into the comparison (treatment-as-usual) condition. It is anticipated that a total of 150 individuals will be randomly assigned to the treatment-as-usual condition over the three-year duration of the grant, with a 60% retention rate projected resulting in a final total of approximately 90 individuals.

7. Historical Comparison Group Designs (only):

If you are using a historical group design in which an historical group is compared to a contemporary group, please describe how you plan to achieve comparability between the two groups.

Response:

Not Applicable

8. Sample Size:

This refers to the number of individuals who will constitute the enhanced treatment and treatment-as-usual samples. Of course, in any applied research program, subjects drop out for various reasons (e.g., moving out of the county, failure to complete the program). In addition, there may be offenders who participate in the program yet not be part of the research sample (e.g., they may not meet one or more of the criteria for participation in the research or they may enter into the program too late for you to conduct the follow-up research you may be including as part of the evaluation component). Using the table below, indicate the number of individuals that you anticipate will complete the enhanced treatment or treatment-as-usual interventions. This also will be the number of individuals that you will be including in your statistical hypothesis testing to evaluate the program outcomes. Provide a breakdown of the sample sizes for each of the three program years, as well as the total program. Under Unit of Analysis, check the box that best describes the unit of analysis you will be using in your design.

Sample Sizes (Write the expected number in each group)		
Program Year	Treatment Group	Comparison Group
First Year	45	22
Second Year	90	45
Third Year	45	23
Total	180	90

Unit of Analysis (Check one)	
<input checked="" type="checkbox"/>	Individual Offender
<input type="checkbox"/>	Geographic Area
<input type="checkbox"/>	Other:

9. Enhanced Treatment Group Interventions:

Describe the interventions that will be administered to the enhanced treatment group. Please indicate of what the interventions will consist, who will administer them, how they will be administered, and how their administration will be both measured and monitored.

Response:

Based on the original proposal, individuals in the enhanced treatment group will receive an initial mental health screening upon entry into the jail. A follow-up mental health assessment will also be conducted, followed by referral to the Mental Health Court. The individual will then receive counseling from the Public Defender's Office, leading to the development of a case plan and assignment to a 24-hour, 7 days a week on-call Assertive Community Treatment (ACT) team. The ACT team will provide intensive support leading to stabilization in the community. A step-down Day Reporting program option will be available for up to eight months following completion of ACT services. Court supervision will occur for up to 18 months, with follow-up and aftercare services provided from Structured Alternative Forensic Release (SAFR) to further support stabilization efforts for at least a year following program completion.

10. Treatment-as-Usual Group Interventions:

Describe the interventions that will be administered to the treatment-as-usual group. Please indicate of what the interventions will consist, who will administer them, how they will be administered, and how their administration will be both measured and monitored.

Response:

Based on the original proposal, the treatment-as-usual (comparison) group will receive an initial mental health screening upon entry into the jail. If indicated, current jail mental health treatment and support services (medication, appointments with the psychiatrist and/or psychologist) will be offered. Release planning services may also be offered from the Forensic Mental Health unit of the San Joaquin criminal justice system. In the community, San Joaquin Mental Health services will provide case management, treatment and emergency basic needs, as well as access to independent and supportive housing as based on eligibility and availability. Mentally ill offenders with felony charges will also receive intensive probation supervision.

11. Treatments and Outcomes (Effects):

Please identify and describe the outcomes (treatment effects) you hypothesize in your research. Indicate in the table below your hypothesized treatment effects (i.e., your dependent variables), their operationalization, and their measurement. Also indicate the treatment effect's hypothesized cause (i.e., treatments/independent variables) and the hypothesized direction of the relationship between independent and dependent variables.

Independent Variables (treatment)	Dependent Variables (hypothesized outcomes)	Operationalization of Dependent Variables	Method of Measuring Dependent Variable	Hypothesized Relationship Between Ind & Dep Variables (+ or -)
Mental Health Court/ Assertive Community Treatment Services	Antisocial behaviors	Recidivism (rate of arrests, # of convictions, severity of criminal offenses)	San Joaquin criminal justice data	Decreases
	Treatment compliance	Completion of probation requirements	San Joaquin criminal justice data	Increases
		Psychiatric rehabilitation	Program Environment Scale (Burt and Duke, 1997)	
	Life skills	Depression	Center for Epidemiological Studies - Depression (CES-D), (Anderson, 1994)	Increases
		Family, social relations, finances, employment, school, legal, safety, health	Lehman's Quality of Life Scale (Lehman, 1993) - adaptation	
		Substance use	Addiction Severity Index (McClellan, 1980)– adaptation (CSAT GPRA)	
	High-cost placements	Mental Health services utilization (# & length of psychiatric admissions, # PES visits, placements)	San Joaquin County Management Information Systems billing data & internal program service utilization data	Decreases

12. Statistical Analyses:

Based on the table in #11 above, formulate your hypotheses and determine the statistical test(s) you will use to test each hypothesis. Enter these into the following table.

Statements of Hypotheses	Statistical Test(s)
1. Offenders involved in the Mental Health Court Project will show significant differences than those in the control group in lowered antisocial behaviors, greater compliance with treatment regimens, improved life skills, and fewer, shorter, and more stable high-cost placements.	Following equivalence testing, statistical tests may include: T-test, ANOVA, ANCOVA (if applicable), multiple regression, linear modeling, path analyses, structural equation modeling (if feasible)
2. Offenders in the Mental Health Court Project will show significant differences than those in the control group in lower costs for both mental health and criminal justice services, such that the program is cost-beneficial in comparison to services-as-usual.	Following equivalence testing, statistical tests may include (as feasible): T-test, ANOVA, ANCOVA, multiple regression
Additional Research Questions	Statistical Test(s)
3. Is the network of services functioning in a coordinated and satisfactory way in meeting the needs of the offender and his/her family?	Qualitative summary
4. Do participants perceive the Mental Health Court Project as meeting their needs?	Qualitative summary
5. What are the planning and implementation issues, barriers, and solutions that occur, and if successful, how can this project be replicated?	Qualitative summary

13. Cost/Benefit Analysis:

Please indicate whether you will be conducting a Program cost/benefit analysis of the program (optional).

Cost/Benefit Analysis	
<input checked="checked" type="checkbox"/>	Yes
<input type="checkbox"/>	No

If you will conduct a cost/benefit analysis, describe what it will focus on and how it will be performed.

Response:

The cost analyses will be comprised of:

- 1) a cost effectiveness study to determine actual costs of clients within the budgeted service system
- 2) cost comparative analysis between the offenders enrolled in the program, as well as those involved in the comparison group; and
- 3) potential cost-analysis on a number of randomly-selected offenders from both the treatment and comparison groups regarding health, mental health, hospitalizations, emergency room utilization, and reduction in arrests and incarceration.

The cost analyses presented above will assist with measuring Hypothesis 2 (HY2) (defined in the previous section). Data sources will include the current departmental MIS/Billing system (to determine costs and utilization of system-wide individual, group and family services), service utilization database maintained by the program (to track services delivered through the project), program budgets/expenditures (including payroll and operating costs), client demographics information, institutional datasets (emergency room use, hospitalizations, recidivism). Upon securing the above datasets, the evaluation team will identify and track individual client data and services through client identifiers established during the intake process. Client confidentiality will be maintained based on federal guidelines.

14. Process Evaluation:

How will the process evaluation be performed? That is, how will you determine that the program has been implemented as planned and expressed in your proposal? Please include a description of how will you will record and document deviations of implementation from the original proposal. Also, please identify who will conduct this evaluation and who will document the results of the evaluation.

Response:

The process evaluation will include:

- 1) documentation of participant characteristics/program operations through ongoing review of meeting agendas, attendance of key meetings, qualitative interviews with key stakeholders including staff and collaborators.
- 2) developing intake, discharge, referral and service utilization forms in collaboration with program staff
- 3) random selection of 10% of all clients in the intervention group (approximately 18-20 clients) annually for semi-structured interviews regarding program impact and input on program services

To track the project planning and implementation processes, evaluation efforts will include review of problem definitions, review of the six project objectives, project infrastructure, implementation of the project management plan and intervention strategies. Documentation will be comprised of review of agendas, attendance of key planning and implementation meetings, review of meeting minutes, review of records on participation/agency/staff, and responses to questionnaires and interviews with agency staff and administrators, clients and other identified key stakeholders. The process for staff recruitment, hiring and training will also be tracked. In addition, data relevant to project progress for each objective and its accompanying activities will be reviewed. The evaluation team will also attend and observe a sample of the program activities to determine the degree to which activities are conducted based on the original proposal.

Both formal and informal evaluation feedback and input will be provided to the key stakeholders throughout the development of the Mental Health Court project. Recommendations for changes in systems and tools in tracking program operations will be offered on an ongoing basis. Deviations of implementation from the original proposal will be documented through both informal evaluation feedback and semi-annual BOC progress reports.

The process evaluation activities presented above will be primarily implemented by the evaluation team while also working in collaboration with program staff. Process evaluation datasets will also be analyzed, summarized, and presented by the evaluation team.

14. Program Completion:

What criteria will be used to determine when research participants have received the full measure of their treatment? For instance, will the program run for a specified amount of time irrespective of the participants' improvement or lack thereof? If so, how long? Alternatively, will completion be determined when participants have achieved a particular outcome? If so, what will that outcome be and how will it be measured (e.g., decreased risk as measured by a "level of functioning" instrument)?

Response:

Based on the original proposal, individuals assigned to the enhanced treatment condition can receive services for up to 18 months. Since program participation will be completely voluntary, the length of participation in the Mental Health Court project may vary by individual. The successful completion criteria for individuals participating in the enhanced treatment condition will be: **1)** satisfactory fulfillment of probation requirements and declaration of baseline stability by the treatment team; **2)** no involvement with the criminal justice system for one year; and **3)** psychiatric, substance abuse, housing and employment stability. Participants will be required to appear before the Mental Health Court for scheduled review hearings (as determined by the presiding Judge) to assess treatment compliance and address any difficulties which may arise. Since program participation is completely voluntary, court sanctions will be imposed for individuals regularly not complying with their treatment plan.

Client outcomes will be tracked by the evaluation team through both standardized outcome instruments, as well as qualitative measures. The evaluation team is in the process of finalizing the standardized outcomes instrument in preparation for submitting the evaluation protocol to the Institutional Review Board (IRB) of San Joaquin County, Mental Health Services. Institutional indicators will include: **1)** recidivism (based on criminal justice data); **2)** psychological functioning (utilization of psychiatric services); and **3)** completion of probation requirements (based on criminal justice data). Individual outcome indicators (assessed through individual outcome assessments) will include: **1)** psychiatric functioning (Brief Symptom Functioning, Program Environment Scale); **2)** quality of life (Lehman's Quality of Life Scale); and **3)** substance abuse (federal adaptation [Center for Substance Abuse Treatment Government Performance and Results Act] of the Addiction Severity Instrument).

15. Participant Losses:

For what reasons might participants be terminated from the program and be deemed to have failed to complete the program? Will you continue to track the outcome measures (i.e., dependent variables) of those who leave, drop out, fail, or are terminated from the program? For how long will you track these outcome measures?

Response:

Based on the original proposal, termination criteria (prior to program completion) for individuals in the enhanced treatment cohort will include: **1)** relocation out of the San Joaquin service area; **2)** voluntary resignation from the program; and **3)** sentencing to the California State prison system. Participants will be required to appear before the Mental Health Court for scheduled review hearings (as determined by the presiding Judge) to assess treatment compliance and address any difficulties which may arise. Since program participation is completely voluntary, court sanctions will be imposed for individuals regularly not complying with their treatment plan.

Within the limitation of available resources, the evaluation team will attempt to administer the local evaluation standardized instruments to all clients enrolled in both the treatment and control groups of the Mental Health Court Project at baseline, month 12 and month 18 following program entry. However, since participation in the Mental Health Court Project is completely voluntary, clients who have been terminated from the program will also have the option to terminate participation in evaluation activities. Terminated clients from the treatment condition may also be contacted for a semi-structured qualitative interview regarding program impact.